Comment in:

- Anaesthesia. 1998 Jul;53(7):718.



# Intrathecal diamorphine for analgesia after caesarean section. A dose finding study and assessment of side-effects.

**Kelly MC, Carabine UA, Mirakhur RK.**

Department of Anaesthetics, Queen's University of Belfast, UK.

Eighty women undergoing elective Caesarean section under spinal anaesthesia using hyperbaric bupivacaine 0.5% were randomly allocated to receive, in addition, intrathecal diamorphine 0.125, 0.25 or 0.375 mg or saline. Postoperative morphine requirements, measured using a patient-controlled analgesia system, were reduced in a dose-dependent manner by diamorphine. Pain scores were significantly lower at 2 and 6 h following the two larger doses of diamorphine. Less supplemental analgesia was required intra-operatively if intrathecal diamorphine had been given. The incidences of vomiting and pruritus were also dose-related. No respiratory rates of less than 14 breath.min-1 were recorded and the incidence of oxygen saturation readings less than 95% and 90% did not differ between groups. There were no adverse neonatal effects. Intrathecal diamorphine in the present study was found to be safe in doses of up to 0.375 mg following Caesarean section. However, minor side-effects were frequently observed.

Publication Types:

- Clinical Trial
- Randomized Controlled Trial

PMID: 9613267 [PubMed - indexed for MEDLINE]

1: Stroke 1996 Sep;27(9):1629-33



# Effect of BQ-123 and tissue plasminogen activator on vasospasm after subarachnoid hemorrhage in monkeys.

**Kim CJ, Bassiouny M, Macdonald RL, Weir B, Johns LM.**

Section of Neurosurgery, University of Chicago Medical Center, IL 60637, USA.

BACKGROUND AND PURPOSE: We aimed to determine the effect of intracisternal administration of an endothelin-A receptor antagonist (BQ-123) against vasospasm in a monkey model and to determine whether this drug would have adverse interactions with intracisternal tissue plasminogen activator (TPA). METHODS: Thirty-three monkeys were randomly allocated to undergo baseline cerebral angiography, creation of right subarachnoid hemorrhage (SAH), and intracisternal delivery of (1) placebo (n = 10); (2) low-dose BQ-123 (5 mg/kg per day, n = 7); (3) high-dose BQ-123 (10 mg/kg per day, n = 9); or (4) BQ-123 10 mg/kg per day plus TPA 1 mg every 12 hours for three doses (n = 7). Angiography was repeated after 7 days, and animals were killed. Vasospasm was assessed by comparisons of angiograms within groups across time by paired t test and by comparisons across groups at each time by ANOVA. RESULTS: Significant clot remained in the basal cisterns in all groups except those receiving TPA, in whom complete clot clearance was noted. Comparisons of angiograms at baseline and after 7 days showed significant vasospasm of the right middle cerebral artery in animals receiving placebo (mean +/- SEM reduction in diameter, 36 +/- 7%; P < .05) and low- and high-dose BQ-123 (16 +/- 4% and 18 +/- 7%, respectively). Animals that received TPA did not develop significant right cerebral artery vasospasm. Comparisons of arterial diameters at day 7 revealed significant variance in right middle cerebral artery diameter, with animals in the placebo group having significantly more and animals in the TPA group having significantly less vasospasm than the BQ-123 groups. Histopathological examination of the brains did not show inflammation or pathological change in animals that received BQ-123 or BQ-123 plus TPA. CONCLUSIONS: Intracisternal TPA was efficacious against vasospasm in monkeys. Combination therapy with TPA and BQ-123 was not associated with reduction in efficacy of either drug or with evidence of toxicity.

Text Version

Entrez PubMed
Overview
Help | FAQ
Tutorial
New/Noteworthy
E-Utilities

PubMed Services
Journals Database
MeSH Browser
Single Citation Matcher
Batch Citation Matcher
Clinical Queries
LinkOut
Cubby

Related Resources
Order Documents
NLM Gateway
TOXNET
Consumer Health
Clinical Alerts
ClinicalTrials.gov
PubMed Central

Privacy Policy

1: J Neurooncol 1998 May;37(3):271-84

Related Articles, Links

# Leptomeningeal metastases: a review of evaluation and treatment.

**Chamberlain MC.**

Southern California Kaiser Permanente, Baldwin Park 91706, USA.

Leptomeningeal metastases (LM) is a common problem in neuro-oncology occurring in approximately 5% of all patients with cancer. Notwithstanding frequent focal signs and symptoms in LM, LM is a disease affecting the entire neuraxis and therefore staging and treatment need encompass all cerebrospinal fluid (CSF) compartments. Central nervous system (CNS) staging of LM includes contrast enhanced cranial computerized tomography (CE-CT) or magnetic resonance imaging (MR-Gd), contrast enhanced spine magnetic resonance imaging (MR-S) or computerized tomographic myelography (CT-M) and radionuclide CSF flow study (FS). Treatment of LM involves involved-field radiotherapy of bulky or symptomatic disease sites and intra-CSF drug therapy. The inclusion of concomitant systemic therapy may benefit patients with LM and may obviate the need for intra-CSF chemotherapy. At present, intra CSF drug therapy is confined to three chemotherapeutic agents (i.e. methotrexate, cytosine arabinoside and thio-TEPA) administered by a variety of schedules either by intralumbar or intraventricular drug delivery. Although treatment of LM is palliative with an expected median patient survival of 6 months, it often affords stabilization and protection from further neurologic deterioration in patients with LM.

Publication Types:

- Review
- Review, Tutorial

PMID: 9524085 [PubMed - indexed for MEDLINE]

1: Acta Neurochir (Wien) 1995;135(3-4):206-9 

# Intracavitary treatment of intrasellar cystic craniopharyngeomas with 90-Yttrium by trans-sphenoidal approach--a technical note.

**Lange M, Kirsch CM, Steude U, Oeckler R.**

Neurosurgical Clinic, University of Munich, Federal Republic of Germany.

Intracavitary irradiation of intrasellar cystic craniopharyngeomas by stereotactic cyst puncture and injection of radioactive solutions is not yet possible. Therefore we designed a new method which allows such intracavitary irradiation. Its principle is a transphenoidal approach with only a small bony opening of the sella floor, followed by cyst puncture, exclusion of cyst leakage by Metrizamid injection under x-ray control, injection of Y-90-colloid solution at a dosage which delivers a radiation of 200 Gy to the cyst wall, and finally tight closure of the puncture site using fibrin glue and gelfoam. This method has been used in three patients with good results (follow-up 12-15 months) and without complications. Even though long-term follow-up is not yet available, our preliminary results suggest that this method will be useful for future patients with intrasellar cystic craniopharyngeomas.

PMID: 8748817 [PubMed - indexed for MEDLINE]